

FAIRFAX COUNTY PUBLIC SCHOOLS

REQUEST TO ENROLL NON-RESIDENT STUDENTS PLACED IN FOSTER HOMES BY GOVERNMENTAL AGENCIES OR THE COURTS

* SS# _____

* Student's Full Name _____ Client ID# _____
 * Date of Birth _____ * Home Language _____ Date of enrollment _____
 * FCPS school _____ * Grade _____

Information on the agency placing the student in my home:

* Agency Name: _____
 * Address: _____
 * Name of Agency Contact: _____
 * Position: _____ * Phone Number: _____

* Please check one:

_____ I understand that agencies within the Commonwealth of Virginia who place students in foster homes in Fairfax County are exempted for paying tuition by agreement of the school divisions within Virginia. A prorated reimbursement is provided by the State.

_____ I understand that agencies from outside of the Commonwealth of Virginia, included the District of Columbia, are charged tuition as provided by Section 22.1-3 of the Code of Virginia, and that this authority is reinforced by the Interstate Compact on the Placement of children (ICPC).

* Name of foster parent _____ * Signature _____ * Date _____

* Address of foster parent _____ * Telephone(h) _____ (w) _____

* Name of social worker/Signature/Date _____ Telephone _____

 -FOR OFFICAL USE ONLY- Tuition Code: _____

Coordinator's Recommendation _____ Signature _____ Date _____

Director's Recommendation _____ Signature _____ Date _____

Action by Assistant Superintendent, Special Services:

_____ Approved _____ Disapproved _____ Signature _____ Date _____

FAIRFAX COUNTY PUBLIC SCHOOLS
STUDENT REGISTRATION
AFFIDAVIT OF AGREEMENT TO PAY TUITION

I, _____, parent/parent designee of
Last First MI

_____, agree to pay all tuition
expenses to Fairfax County Public Schools for the 200. -0. academic year.

Failure to meet this financial obligation promptly will result in this student being denied
further attendance in school.

Signature

Subscribed and sworn before me this _____ day of _____ 20__.

State: _____ County: _____

Notary